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APPLICANTS

Tooru Takahashi, Otarawa-shi, JAPAN; *CT*
 Takashi Kurihara, Otarawa-shi, JAPAN;

**** CONTINUING DATA *******

This application is a CON of PCT/JP02/03210 03/29/2002

**** FOREIGN APPLICATIONS *******

JAPAN 2001-097116 03/29/2001 *verified CT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>CT</i>	<i>CT</i>			
	Examiner's Signature	Initials			

ADDRESS

22850

TITLE

DIAGNOSTIC X-RAY SYSTEM

FILING FEE RECEIVED 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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